

Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.

FORM 8-58 **22** USE PREVIOUS EDITIONS.

(When Filled In)

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

[illegible]

USE CONTINUATION SHEET FORM NO. 22a, IF ADDITIONAL SPACE IS REQUIRED

Approved For Release 2000/04/14 : CIA-RDP78-03735A000600040003-9

SECRET

(When Filled In)

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

TRAVEL VOUCHER

Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.

NAME OF PAYEE (Include employee personnel serial no., if any) 25X1A		OFFICIAL DUTY STATION New York City	TELEPHONE EXT. 8612
PERIOD COVERED BY THIS VOUCHER FROM 25 January 1960 TO 28 January 1960		TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL TSS-296-60 (2) BLANKET	
SUMMARY OF EXPENSES CLAIMED BY TRAVELER		THIS SPACE FOR FINANCE USE ONLY	
PER DIEM		VOUCHER NO.	
TRANSPORTATION	39.00	TOTAL CLAIMED	
OTHER	20.28	LESS ADJUSTMENTS:	
	5.40		
TOTAL	64.68		
LESS ADVANCES AND TICKETS FURNISHED			
BALANCE DUE TRAVELER	64.68		
EXCESS ADVANCED TO BE REFUNDED			
(Attach copy of refund receipt)			
PAYMENT INSTRUCTIONS 25X1A			
CERTIFICATIONS AND APPROVAL		AUDITED BY	
I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.		NET APPROVED	
		CREDIT TO ADVANCE ACCOUNT	
		NET TO PAYEE	
DATE 28 January 1960	SIGNATURE OF PAYEE	TRAVELER NOTIFIED THIS BALANCE DUE	
APPROVED		CERTIFIED FOR PAYMENT OR CREDIT	
DATE 28 Jan 1960	SIGNATURE OF APPROVING OFFICER 25X1A	DATE	AUTHORIZED CERTIFYING OFFICER
OBLIGATION REFERENCE NO.		RECEIPT	
CHARGE ALLOTMENT NO. 0125-1009-100		I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF	
DATE	SIGNATURE OF AUTHORIZING OFFICER	DATE	SIGNATURE OF PAYEE
SPACE BELOW FOR FINANCE USE ONLY			
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.
			(59-67) ALLOTMENT LEDGER ACCT. NO.
			(68-70) OBJECTIVE CLASS
			(71-80) AMOUNT
			DEBIT
			CREDIT

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FUNDS AND TRANSPORTATION TICKETS ADVANCED TO TRAVELER					
DATE 19	SOURCE		AMOUNT OF FOREIGN CURRENCY	RATE OF EXCHANGE	AMOUNT
	NONE				
		-		6.	
TOTAL					

[illegible]

TOTAL	20.28
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SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER						
DATE 19 60	DESCRIPTION OF EXPENDITURE AND DETAIL OF ITINERARY			AMOUNT CLAIMED		
				PER DIEM	OTHER	
25 Jan	1940	Departed NYC via Rail				
	2300	Arrived Wash., D. C.				
		Taxi fm Union Station to Hotel				.60
		1/4 day per diem @12.00			3.00	
		25X1A				
26 Jan		Taxi fm Hotel to [REDACTED]				.60
		Taxi fm [REDACTED] to Hotel 25X1A				.60
		1 day per diem @12.00			12.00	
		25X1A				
27 Jan		Taxi Hotel to [REDACTED]				.60
		Taxi fm [REDACTED] to Hotel 25X1A				.60
		1 day per diem @12.00			12.00	
		25X1A				
28 Jan		Taxi fm Hotel to [REDACTED]				.60
		Taxi fm [REDACTED] to Hotel 25X1A				.60
		Taxi fm Hotel to Union Station				.60
		1 day per diem @12.00			12.00	
All taxis necessary as classified material carried.						
CHECK ONE:					39.00	5.40
X TOTALS						
CARRIED FORWARD						

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~~SECRET~~

SECRET

TRAVEL VOUCHER				Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.			
NAME OF PAYEE (Include employee personnel serial no., if any) [REDACTED] 25X1A				OFFICIAL DUTY STATION New York City		TELEPHONE EXT. 8612	
PERIOD COVERED BY THIS VOUCHER				TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL			
FROM 7 December 1959		TO 17 December 1959		T38-296-60 (1) BLANKET			
SUMMARY OF EXPENSES CLAIMED BY TRAVELER				THIS SPACE FOR FINANCE USE ONLY			
PER DIEM		42.00		VOUCHER NO.			
TRANSPORTATION		40.56					
OTHER		7.20					
TOTAL		89.76		TOTAL CLAIMED			
LESS ADVANCES AND TICKETS FURNISHED				LESS ADJUSTMENTS:			
BALANCE DUE TRAVELER		89.76					
EXCESS ADVANCED TO BE REFUNDED (Attach copy of refund receipt)							
25X1A PAYMENT INSTRUCTIONS [REDACTED]							
CERTIFICATIONS AND APPROVAL							
I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.				AUDITED BY			
				NET APPROVED			
				CREDIT TO ADVANCE ACCOUNT			
DATE 22 Dec 59		SIGNATURE OF PAYEE		NET TO PAYEE			
APPROVED				TRAVELER NOTIFIED THIS BALANCE DUE			
DATE 22 Dec 59		SIGNATURE OF APPROVING OFFICER 25X1A [REDACTED] C/TSS/83		CERTIFIED FOR PAYMENT OR CREDIT			
				DATE		AUTHORIZED CERTIFYING OFFICER	
I CERTIFY FUNDS ARE AVAILABLE				RECEIPT			
OBLIGATION REFERENCE NO.		CHARGE ALLOTMENT NO. 0125-1009-1000		I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF			
DATE		SIGNATURE OF AUTHORIZING OFFICER		DATE		SIGNATURE OF PAYEE	
SPACE BELOW FOR FINANCE USE ONLY							
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.	(59-67) ALLOTMENT LEDGER ACCT. NO. X VOUCHER NO.		(68-70) OBJEC- TIVE CLASS	(71-80) AMOUNT DEBIT CREDIT

(When Filled In)

FUNDS AND TRANSPORTATION TICKETS ADVANCED TO TRAVELER

USE CONTINUATION SHEET FORM NO. 22a, IF ADDITIONAL SPACE IS REQUIRED

Approved For Release 2000/04/14 : CIA-RDP78-03735A00060040003-9

(Consultant)

(When Filled In)

T-96-60 (1) BLANKET

For Release 2000/04/14 : CIA-RDP78-03735A00060040003-9

25X1A

TRAVEL VOUCHER
CONTINUATION SHEET

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER

DATE 19 59	DESCRIPTION OF EXPENDITURE AND DETAIL OF ITINERARY	AMOUNT CLAIMED	
		PER DIEM	OTHER
17 Dec	(Cont'd) Brought forward	30.00	6.00
	Taxi fm Hotel to Union Station		.60
1800	Departed Wash., D. C. via Rail		
2130	Arrived New York City		.60
	Taxi fm Station to Home	12.00	.60
	1 day per diem @12.00	12.00	
All taxis necessary as classified material carried.			
CHECK ONE: <input type="checkbox"/> TOTALS <input type="checkbox"/> CARRIED FORWARD		42.00	7.20

CONTINUE ON REVERSE SIDE

CONTINUE ON REVERSE SIDE

~~42.00~~

~~7.20~~

FORM 58

22a

Approve

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

~~SECRET~~

(49)

TIME AND ATTENDANCE

(When Filled In)

SECRET

(When Filled In)

TDY TRAVEL REPORT - FIELD USE ONLY

COMPLETE ONLY FOR TDY TRAVEL "FROM" OR "TO" POSTS WITH SALARY DIFFERENTIAL

TRAVEL WAS TO		FOREIGN POST	TERRITORIAL POST		
DATES		POINT OF TDY ASSIGNMENT	NO. OF DAYS SPENT AT TDY POINT	DATES	
DEPARTED PERMANENT STATION	ARRIVED TDY POINT			DEPARTED TDY POINT	ARRIVED PERMANENT STATION

REMARKS:

INSTRUCTIONS

ITEM	EXPLANATION						
"TOUR OF DUTY"	SHOW HOURS OF REGULAR ASSIGNMENT FOR THE PAY PERIOD (Week or day). USE "REMARKS" SPACE AS NECESSARY FOR EXPLANATIONS.						
PERIOD -- "MONTHLY"	USE THE PREPRINTED DATES FOR THOSE INDIVIDUALS PAID EACH CALENDAR MONTH (Disregard biweekly column)						
"BIWEEKLY"	USE THE PREPRINTED DAYS OF THE WEEK FOR THOSE INDIVIDUALS PAID EACH TWO BIWEEKLY PERIODS (Disregard monthly column and excess lines)						
PAY STATUS, O/T DUTY, HOURS OF N/D, H/T, O/T	<p>SUMMARY OF ALL HOURS WORKED OR IN LEAVE WITH PAY STATUS.</p> <p>"R/T"--REGULAR TIME--Whole hours of duty for each day of basic 40-hour week.</p> <p>"N/D"--NIGHT DIFFERENTIAL--Whole hours worked for which payment is to be made.</p> <p>"H/T"--HOLIDAY TIME--Whole hours worked for which payment is to be made.</p> <p>"O/T"--OVERTIME--Whole hours worked for which payment is to be made.</p> <p>"C/T"--COMPENSATORY TIME--Whole hours worked.</p> <p>"FROM" AND "TO"--Time of all work performed outside of regular assigned tour of duty.</p>						
"ABSENCE FROM DUTY"	<p>SUMMARY OF ALL ABSENCES FROM DUTY.</p> <p>"A/L"--ANNUAL LEAVE--Whole hours of annual leave taken.</p> <p>"S/L"--SICK LEAVE--Whole hours of sick leave taken.</p> <p>"LWOP"--LEAVE WITHOUT PAY--Whole hours of leave without pay specifically approved and absence, other than sick leave, of new employee during first 90 days after entrance on duty. The pay roll office will adjust record as necessary when leave is exhausted and LWOP must be substituted. Absence with pay as A/L, S/L, C/T or H/L does not reduce R/T.</p> <p>"C/T"--COMPENSATORY TIME--Whole hours of compensatory time taken off.</p> <p>"H/L"--HOME LEAVE--Full days of home leave taken.</p> <p>"OTHER"--Whole hours of absences not in above categories, explain under "Remarks."</p> <p>"INITIALS"--Obtain initials of employee for periods of absence.</p>						
TOTALS	COMPLETE SUBTOTALS AND PERIOD TOTALS.						
"CERTIFI- CATIONS"	<table border="1"> <tr> <th>AT HEADQUARTERS</th> <th>AT FIELD STATIONS OR BASES</th> </tr> <tr> <td>SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.</td> <td>EMPLOYEE WILL CERTIFY</td> </tr> <tr> <td>SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.</td> <td>CHIEF OF STATION OR BASE WILL CERTIFY</td> </tr> </table>	AT HEADQUARTERS	AT FIELD STATIONS OR BASES	SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.	EMPLOYEE WILL CERTIFY	SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.	CHIEF OF STATION OR BASE WILL CERTIFY
AT HEADQUARTERS	AT FIELD STATIONS OR BASES						
SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.	EMPLOYEE WILL CERTIFY						
SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.	CHIEF OF STATION OR BASE WILL CERTIFY						
"A"							
"B"							

SECRET

25X1A

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) (Consultant)						EMPLOYEE PAYROLL NO. 2125-1080-1000		PAYROLL PERIOD FROM: 9 July 1961 TO: 5 Aug 1961						
TOUR OF DUTY FROM: TO:						FOR PAY ROLL OFFICE USE ONLY								
ALLOTMENT NO. 2125-1080-1000						ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.		
DAY OF WEEK	PAY STATUS R/T N/D H/T			O/T DUTY O/T C/T		HOURS OF N/D, H/T & O/T FROM TO		HOURS ABSENT A/L S/L* LWOP C/T OTHER					INITIALS	
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
MON	8	17 July 1961 (New York City to Wash., D.C.)												
TUE	8	18 July 1961 (New York City to Wash., D.C.)												
WED														
THU														
FRI														
SAT														
SUBTOTALS	16													
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUBTOTALS														
TOTALS	16													
REMARKS: (Include irregular tours of duty)						HOURS OF OVERTIME AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE							* I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY	
						SEE REVERSE SIDE								
						CERTIFICATION								
SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATION.						SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE.								
I CERTIFY THIS T/A IS CORRECT. THE OVERTIME AUTHORIZED FOR PAYMENT AND/OR CREDIT AS COMPENSATORY TIME IS RECORDED ABOVE.						I CERTIFY THAT THIS T/A IS CORRECT.								
SIGNATURE OF SUPERVISOR						SIGNATURE OF SUPERVISOR OR TIMEKEEPER								
EXTENSION						EXTENSION								

FORM

11-59 20a

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

EDITIONS.

(6-30)

25X1A

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) (CONSULTANT)						EMPLOYEE PAYROLL NO. 1125-1080-1000		PAYROLL PERIOD FROM: 22 Jan 61 TO: 18 Feb 61					
FOUR OF DUTY						FOR PAY ROLL OFFICE USE ONLY							
FROM:		TO:		ALLOTMENT NO.		ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.	
				1125-1080-1000									
DAY OF WEEK	PAY STATUS			O/T DUTY		HOURS OF N/D, H/T & O/T		HOURS ABSENT					
	R/T	N/D	H/T	O/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED	8					1 February 1961 (New York City to Wash., D.C.)							
THU	8					2 February 1961 (New York City to Wash., D.C.)							
FRI													
SAT													
SUBTOTALS													
SUN													
MON													
TUE													
WED													
THU	8					9 February 1961 (New York City to Princeton, N. J.)							
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUBTOTALS						HOURS OF OVERTIME AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE		* I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPAC- ITATED ME FOR DUTY					
TOTALS						O/T	C/T						

REMARKS: (Include irregular tours of duty)

THIS SPACE FOR PAY ROLL OFFICE USE ONLY

TAX TAX OTHER GRADE RATE

☐ SEE REVERSE SIDE

CERTIFICATION

SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATION.

I CERTIFY THIS T/A IS CORRECT. THE OVERTIME AUTHORIZED FOR PAYMENT AND/OR CREDIT AS COMPENSATORY TIME IS RECORDED ABOVE.

SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE.

I CERTIFY THAT THIS T/A IS CORRECT.

25X1A

25X1A

SIGNATURE OF SUPERVISOR

EXTENSION

SIGNATURE OF SUPERVISOR OR TIMEKEEPER

EXTENSION

25X1A

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9
CONFIDENTIAL
DEPARTMENTAL TIME AND ATTENDANCE REPORT

(CONSULTANT)						EMPLOYEE PAYROLL NO.		PAYROLL PERIOD FROM: 10 July 1960 TO: 6 August 1960							
TOUR OF DUTY						FOR PAY ROLL OFFICE USE ONLY									
FROM:		TO:		ALLOTMENT NO. 1185-1009-1000		ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.			
DAY OF WEEK	HOURS WORKED AND IN PAY STATUS						HOURS ABSENT								
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS		
SUN															
MON	8														
(22 June to Princeton)															
TUE															
WED															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
SUB-TOTALS						PUNCH		AN. SALARY							
SUN															
MON															
TUE															
WED	8														
(27 July to Philadelphia)															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
SUB-TOTALS						PUNCH		AN. SALARY							
PER-TOTALS						12 (2 days)									
*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.															
REMARKS (Include irregular tours of duty)								CERTIFIED CORRECT							
								SUPERVISOR/TIMEKEEPER							
								EXT.							

25X1A

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) [REDACTED] (Consultant)						EMPLOYEE PAYROLL NO. [REDACTED]		PAYROLL PERIOD FROM: 17 April 1960 TO: 14 May 1960						
TOUR OF DUTY						FOR PAY ROLL OFFICE USE ONLY								
FROM:		TO:		ALLOTMENT NO. 0125-1009-1000		ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.		
DAY OF WEEK	HOURS WORKED AND IN PAY STATUS							HOURS ABSENT						
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS	
SUN														
MON														
TUE														
WED	8						20, 21 April 1960							
THU	8													
FRI														
SAT														
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUB-TOTALS						PUNCH		AN. SALARY						
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUB-TOTALS						PUNCH		AN. SALARY						
PER-TOTALS														
16 (2 Days) I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.														
REMARKS (Include irregular tours of duty)								CERTIFIED CORRECT						
								2908 SUPERVISOR/TIMEKEEPER EXT.						

25X1A

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) (CONSULTANT)						EMPLOYEE PAYROLL NO.		PAYROLL PERIOD FROM: 21 Feb 60 TO: 19 Mar 60					
TOUR OF DUTY FROM: TO:						FOR PAY ROLL OFFICE USE ONLY							
ALLOTMENT NO. 0125-1009-1000						ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.	

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS						HOURS ABSENT						
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE	8												
WED	8												
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
PER-TOTALS	1, 2 March												

*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty) 25X1A

CERTIFIED CORRECT

SUPERVISOR/TIMEKEEPER

25X1A

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) (CONSULTANT)						EMPLOYEE PAYROLL NO.		PAYROLL PERIOD FROM: 24 Jan 60 TO: 20 Feb 60					
TOUR OF DUTY						FOR PAY ROLL OFFICE USE ONLY							
FROM:		TO:		ALLOTMENT NO. 0125-1009-1000		ROLL NO.		PAY PER. NO.		REF. NO.		F.Y.	
DAY OF WEEK	HOURS WORKED AND IN PAY STATUS							HOURS ABSENT					
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE	8												
WED	8												
THU	8												
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
PER-TOTALS													
*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY. REMARKS (Include irregular tours of duty)													
CERTIFIED CORRECT <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> OVER </div> <div> SUPERVISOR/TIMEKEEPER </div> <div> EXT. </div> </div>													

CONFIDENTIAL FUNDS

DEPARTMENTAL TIME AND ATTENDANCE REPORT

25X1A

EMPLOYEE NAME (Print or type)

EMPLOYEE PAYROLL NO.

PAYROLL PERIOD

FROM: 29 Nov 59

TO: 26 Dec 59

TOUR OF DUTY

FOR PAY ROLL OFFICE USE ONLY

FROM:

TO:

ALLOTMENT NO.

ROLL NO.

PAY PER. NO.

REF. NO.

F.Y.

0125-1009-1000

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS							HOURS ABSENT					
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE	8												
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
SUN													
MON													
TUE													
WED	8												
THU	8												
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
PER-TOTALS	24												

(8, 16, 17 December 1959)

I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty)

CERTIFIED CORRECT

OVER

SUPERVISOR/TIMEKEEPER

EXT.

STATEMENT OF EARNINGS AND DEDUCTIONS

SECRET

(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

* ASTERISK Denotes other than Normal Salary

FORM 11-58 1315 USE PREVIOUS EDITIONS

SECRET

(30)

SECRET

(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

LEGEND of ACTION CODES

- 10.

* ASTERISK Denotes other than Normal Salary

*paid for services rendered, 4/17 - 5/14/60
2 days @ \$50.00 per day, no tax w/h.*

EMPLOYEE NAME:



25X1A

SECRET

TSS.

*Paid for service rendered, 8/10 - 8/16/60
2 days @ \$50.00 per day.*

25X1A

EMPLOYEE NAME



SECRET

ISD

paid for services rendered 1/24 - 2/20/60

3 days @ \$50.00 per day. no tax w/h.

paid for services rendered, 2/21 - 3/14/60

EMPLOYEE NAME: 2 days @ \$50.00 per day. no tax w/h.



SECRET

TSS.

25X1A

E.O.D. in status undetermined eff. 1 Dec. 59.
3 days @ \$50.00 per day. no tax w/n.

EMPLOYEE NAME:



25X1A

SECRET

TSS

SECRET

Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.

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